

# **SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH**

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**EFFECTIVE APRIL 14, 2003**

Your health information is personal and private, and we must protect it. This notice tells you how the law requires or permits us to use and disclose your health information. It also tells you what your rights are and what we must do to use and disclose your health information. All Department of Behavioral Health (DBH) employees, staff, volunteers and others who have access to client health information will follow this notice. This includes other entities that form an Organized Health Care Arrangement (OHCA) and are listed at the end of this notice.

### **We must by law:**

- keep your health information (also known as “protected health information” or “PHI”) private
- give you this Notice of our legal duties and privacy practices regarding your PHI
- obey the terms of the current Notice in effect

**Changes to this Notice:** We have the right to make changes to this Notice and to apply those changes to your PHI. If we make changes, you have the right to receive a copy of them in writing. To obtain a copy, you may ask your service provider or any DBH staff person.

### **HOW THE LAW PERMITS US TO USE AND DISCLOSE INFORMATION ABOUT YOU**

We may use or give out your health information (PHI) for treatment, payment or health care operations. These are some examples:

- **For Treatment:** Health care professionals, such as doctors and therapists working on your case, may talk privately to determine the best care for you. They may look at health care services you had before or may have later on.
- **For Payment:** We need to use and disclose information about you to get paid for services we have given you. For example, insurance companies ask that our bills have descriptions of the treatment and services we gave you to get payment.
- **For Health Care Operations:** We may use and disclose information about you to make sure that the services you get meet certain state and federal regulations. For example, we may use your protected health information to review services you have received to make sure you are getting the right care.

### **USES AND DISCLOSURES THAT DO NOT NEED YOUR AUTHORIZATION**

- **To Other Government Agencies Providing Benefits or Services:** We may give information about you to other government agencies that are giving you benefits or services. The information we release about you must be necessary for you to receive those benefits or services.
- **To Keep You Informed:** We may call or write to let you know about your appointments. We may also send you information about other treatments that may be of interest to you.

- **Research:** We may give your PHI to researchers for a research project that has gone through a special approval process. Researchers must protect the PHI they receive.
- **As Required by Law:** We will give your PHI when required to do so by federal or state law.
- **To Prevent a Serious Threat to Health or Safety:** We may use and give your PHI to prevent a serious threat to your health and safety or to the health and safety of the public or another person.
- **Workers' Compensation:** We may give your PHI for worker's compensation or programs that may give you benefits for work-related injuries or illness.
- **Public Health Activities:** We may give your PHI for public health activities, such as to stop or control disease, stop injury or disability, and report abuse or neglect of children, elders and dependent adults.
- **Health Oversight Activities:** We may give your PHI to a health oversight agency as authorized by law. Oversight is needed to monitor the health care system, government programs and compliance with civil rights laws.
- **Lawsuits and Other Legal Actions:** If you have a lawsuit or legal action, we may give your PHI in response to a court order.
- **Law Enforcement:** We may give your PHI when asked to do so by law enforcement officials:
  - In response to a court order, warrant, or similar process;
  - To find a suspect, fugitive, witness, or missing person;
  - If you are a victim of a crime and unable to agree to give information
  - To report criminal conduct at any of our locations; or
  - To give information about a crime or criminal in emergency circumstances.
- **Coroners and Medical Examiners:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death.
- **National Security and Intelligence Activities:** We may give your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may give your PHI to authorized federal officials so they may protect the President and other heads of state or do special investigations.

**Other uses and disclosures of your PHI, not covered by this Notice or the laws that apply to us, will be made only with your written authorization. If you give us authorization to use or give out your PHI, you can change your mind at any time by letting your service provider know in writing. If you change your mind, we will stop using or disclosing your PHI, but we cannot take back anything already given out. We must keep records of the care that we gave you.**

## **YOUR RIGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION (PHI)**

- **Right to See and Copy:** Federal regulations say that you have the right to ask to see and copy your PHI. However, psychiatric and drug and alcohol treatment information is covered by other laws. Because of these laws, your request to see and copy your PHI may be denied. You can get a handout about access to your records by asking your health care provider.

A DBH therapist will approve or deny your request. If approved, we may charge a fee for the costs of copying and sending out your PHI. We may also ask if a summary, instead of the complete record, may be given to you.

If your request is denied, you may appeal and ask that another therapist review your request.

- **Right to Ask for an Amendment:** If you believe that the information we have about you is incorrect or incomplete, you may request changes be made to your PHI as long as we maintain this information. While we will accept requests for changes, we are not required to agree to the changes.

We may deny your request to change PHI if it came from another health care provider, if it is part of the PHI that you were not permitted to see and copy, or if your PHI is found to be accurate and complete.

- **Right to Know to Whom We Gave Your PHI:** You have the right to ask us to let you know to whom we may have given your PHI. Under federal guidelines, this is a list of anyone that was given your PHI not used for treatment, payment and health care operations or as required by law mentioned above.

To get the list, you must ask your service provider in writing for it. You cannot ask for a list during a time period over six years ago or before April 14, 2003. The first list you ask for within a 12-month period will be free. For more lists, we may charge you for the cost of copying and sending the list. We will let you know the cost, and you may choose to stop or change your request before it costs you anything.

- **Right to Ask Us to Limit PHI:** You have the right to ask us to limit the PHI that the law lets us use or give about you for treatment, payment or health care operations. *We don't have to agree to your request.* If we do agree, we will comply with your request unless the PHI is needed to give you emergency treatment.

To request limits, you must ask your service provider in writing. You must tell us (1) what PHI you want to limit; (2) whether you want to limit its use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Ask for Privacy:** You have the right to ask us to tell you about appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we contact you at a certain phone number or by mail. To request that certain information be kept private, you must ask your service provider in writing. You must tell us how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice:** You may ask us for a copy of this Notice at any time. Even if you have agreed to receive this Notice by e-mail, we will give you a paper copy of this Notice. You may ask any DBH staff person for a copy.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may submit a complaint with us or with the Federal Government.

***Filing a complaint will not affect your right to further treatment or future treatment.***

<b>To file a complaint with the Department of Behavioral Health, contact:</b>  <b>CaSonya Thomas,</b> <b>Chief Compliance Officer</b> <b>268 W. Hospitality Lane, Ste. 400</b> <b>San Bernardino, CA 92415</b>  <b>Phone # (909) 382-3080</b> <b>Fax# (909) 382-3105</b> <b>E-mail: <a href="mailto:cathomas@dbh.sbcounty.gov">cathomas@dbh.sbcounty.gov</a></b>	<b>To file a complaint with the County Complaint Officer, contact:</b>  <b>Marcia Sage,</b> <b>Ethics and Compliance Officer</b> <b>385 N. Arrowhead Ave, 4<sup>th</sup> Floor</b> <b>San Bernardino, CA 92415</b>  <b>Phone # (909) 387-5490</b> <b>Fax # (909) 387-8950</b> <b>E-mail: <a href="mailto:msage@cao.sbcounty.gov">msage@cao.sbcounty.gov</a></b>
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**To file a complaint with the Federal Government, contact: Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, Attention: Regional Manager, 50 United Nations Plaza, Room 322, San Francisco, CA 94102**

**For additional information call (800) 368-1019, (800) 537-7697 (TDD) or (415) 437-8310, (415) 437-8311 (TDD), or fax the U.S. Office of Civil Rights at (415) 437-8329.**

## **LIST OF ENTITIES FORMING THE ORGANIZED HEALTH CARE ARRANGEMENT**

<b>Entity</b>	<b>Services Provided</b>
Jatin J. Dalal, M.D., Inc.	Incorporated Psychiatric Services
Inderpal Dhillon, M.D., Inc.	Incorporated Psychiatric Services
Enrique J. Friedman, M.D., Inc.	Incorporated Psychiatric Services
Mehar Gill, M.D., Inc.	Incorporated Psychiatric Services
Myong Won Kim, M.D., Inc.	Incorporated Psychiatric Services
Marilyn Kimura, M.D., Inc.	Incorporated Psychiatric Services
Aleyamma Mathew, M.D., Inc.	Incorporated Psychiatric Services
Lina E. Shuhaibar, M.D., Inc.	Incorporated Psychiatric Services
Eugene Young, D.O., M.D., Inc.	Incorporated Psychiatric Services
Dennis Payne, M.D., Inc.	Incorporated Psychiatric Services

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**I acknowledge receipt of the Notice of Privacy Practices, which explains my rights and the limits on ways in which the County may use or disclose personal health information to provide service.**

\_\_\_\_\_  
*Client Name (printed)*

\_\_\_\_\_  
*Client Signature*

*Date* \_\_\_\_\_

*If signed by other than client, indicate relationship.*

**Note: Parents must have legal custody. Legal guardians and conservators must show proof.**

**OFFICE USE ONLY**

Client did receive the Notice of Privacy Practices but did not sign this Acknowledgement of Receipt because:

- ☐ Client left office before Acknowledgement could be signed.  
☐ Client does not wish to sign this form.  
☐ Client cannot sign this form because: \_\_\_\_\_  
\_\_\_\_\_

Client did not receive the Notice of Privacy Practices because:

- ☐ Client required emergency treatment.  
☐ Client declined the Notice and signing of this Acknowledgement.  
☐ Other: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
*(Print name of provider or provider's representative)*

Signed: \_\_\_\_\_  
*(Signature of provider or provider's representative)*

**45 CFR §164.520** Except in an emergency situation, ...make a good faith effort to obtain written acknowledgment of receipt of the Notice.... and if not obtained, document...good faith efforts to obtain such acknowledgment and the reason why...(it)...was not obtained.

**ACKNOWLEDGEMENT OF NOPP**  
  
**County of San Bernardino**  
**DEPARTMENT OF BEHAVIORAL HEALTH**  
  
**Confidential Patient Information**  
**See W & I Code 5328**

**NAME:**  
  
**CHART:**  
  
**DOB:**  
  
**PROGRAM:**